



**DEPARTMENT OF THE NAVY**  
PERSONNEL SUPPORT ACTIVITY  
937 NORTH HARBOR DRIVE  
SAN DIEGO, CALIFORNIA 92132-5190

PERSUPPACTSANDIEGOINST 1050.2D CH-5  
Code N8  
19 July 1995

PERSUPPACT SAN DIEGO INSTRUCTION 1050.2D CHANGE TRANSMITTAL 5

Subj: FUNDED EMERGENCY LEAVE TRAVEL ORDERS (OUTUS)

Encl: (1) Sample Order with Appropriation Data

1. Purpose. To transmit Change 1 to the basic instruction.
2. Change. Remove enclosure (1) and insert the revised enclosure (1), furnished herewith.
3. Cancellation. When the basic directive is superseded by a revision, or is otherwise cancelled.

A handwritten signature in black ink, appearing to read "S. J. Ellis", is positioned above the printed name.

S. J. ELLIS  
Acting

Distribution:  
PERSUPPACTSANDIEGOINST 5216.1H, List II

|   |                        |  |                            |  |               |  |                          |
|---|------------------------|--|----------------------------|--|---------------|--|--------------------------|
| 1. FROM: Issuing Officer/PERSUPPDET   |                        |  |                            |  |               | 2. STANDARD DOCUMENT NO.<br>N6855396TO000* *   |                          |
| 3. TO: Name of Individual(s) Being Ordered on Funded Emergency Leave (OUTUS), Branch of Service and no others<br>(Include Dependent Names and Ages of Children)   |                        |  |                            |  |               | 4. TANGO NO.<br>TO000* *   |                          |
|   |                        |  |                            |  |               | 5. SSN/DESIGNATOR<br>Mbr 's SSN  |                          |
|   |                        |  |                            |  |               | 6. DATE<br>Prepared (date)   |                          |
| 7. REF: (A) As Appropriate  |                        |  |                            |  |               | 8. <input checked="" type="checkbox"/> INDIVIDUAL TRAVEL <input type="checkbox"/> GROUP TRAVEL   |                          |
| 9. PROCEED ON OR ABOUT Date   |                        | 10. AUTHORIZED PROCEED ON OR ABOUT Time/Date |                            | 11. APPROXIMATE NUMBER OF DAYS 60 Days |               | 12. ESTIMATED DATE OF RETURN Date  |                          |
| 13. ITINERARY (Activity/activities and Place/places indicated below)<br><br>As appropriate  |                        |  |                            |  |               | 14. <input checked="" type="checkbox"/> TEMADD <input type="checkbox"/> TEMADCON <input type="checkbox"/> TEMADDINS                                    |                          |
|   |                        |  |                            |  |               | 15. REASON FOR TRAVEL:<br><br>ICW Funded Emergency Leave   |                          |
|   |                        |  |                            |  |               | 16. <input type="checkbox"/> AUTHORIZED VISIT SUCH ADDITIONAL PLACES AS MAY BE NECESSARY   |                          |
| 17. FISCAL DATA ACCOUNTING CLASSIFICATION   |                        |  |                            |  |               |  |                          |
| APPROPRIATION<br>SYMBOL AND SUB-HEAD<br>(1) (2)   | OBJECT<br>CLASS<br>(3) | BU CONT<br>NUMBER<br>(4)                     | SUB-ALLOT<br>NUMBER<br>(5) | AUTHORIZED<br>ACCTG ACTY<br>(6)        | TYPE<br>(7)   | PROPERTY<br>ACCTG ACTY<br>(8)  | COST CODE<br>(9)         |
| (7 SYM) (4 SYM)<br>AB1761804.70CA   | (3 SYM)<br>000         | (5 SYM)<br>68553                             | (1 SYM)<br>0               | (6 SYM)<br>068688                      | (2 SYM)<br>2D | (6 SYM)<br>0000* *   | (12 SYM)<br>685536EDE02E |
| 18. ESTIMATED COST<br>TRANSPORTATION PER DIEM MISC. EXP. TOTAL<br>\$ PRICE OF TICKET 00.00 \$ 00.00 \$ PRICE OF TICKET  |                        |  |                            |  |               | 19. CUSTOMER IDENTIFICATION CODE<br>36TO0* * N68553VV  |                          |
| 20. ITEM: (Use applicable item numbers as shown on reverse side of this form)<br><br>As Appropriate   |                        |  |                            |  |               |  |                          |
| "Report to a Disbursing Officer within 10 days after completion of travel to settle your travel expenses."  |                        |  |                            |  |               |  |                          |
| 21. ADDITIONAL COMMENTS AND INSTRUCTIONS:<br><br>MBR Domiciled in (Show Country).<br>Residence or Place of Acceptance<br><br>Endorsement<br><br>PSD NAVAL STATION DUTY SECTION: ISSUED MTA #AF-029883<br>FLT MAC 19 LAX/CRK OPEN RETURN. COST \$1046.00 |                        |  |                            |  |               | 22. SECURITY CLEARANCE:<br>IT IS CERTIFIED THAT YOU<br>HOLD A _____<br><br>BASED _____<br>COMPLETED _____<br>BY _____<br>(PLUS _____<br>YEARS SERVICE) |                          |
|   |                        |  |                            |  |               |  |                          |
| 23. AUTHENTICATING SIGNATURE<br>Authorized Signature FOR SONIA M. TOWNSEND, TO  |                        |  |                            |  |               |  |                          |
| 24. TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:  |                        |  |                            |  |               |  |                          |
| 25. COPY TO: (Include Operating Budget/fund manager in all cases)   |                        |  |                            |  |               |  |                          |

